



Working with African American Older Adults: The AAAE Cultural Competency Training

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Module 3

Advocate

The AAAE Cultural Competency Training: Mental Health in Context

- **A**cknowledge: The importance and impact of culture, history, differences, unique experiences, individuality and expertise in one's own life.
- **A**ssess: Clients'/consumers' perspectives, beliefs, attitudes, cultural identity, strengths, assets, needs and previous experiences with mental health providers.
- **A**dvocate: For client/consumer needs, awareness and education, access to quality services, and supportive policies.
- **E**ngage: Clients/consumers using culturally competent methods. Participate in outreach strategies that are culturally relevant.

Advocate defined

- to speak or write in favor of.
- support or urge by argument.
- recommend publicly.

advocacy

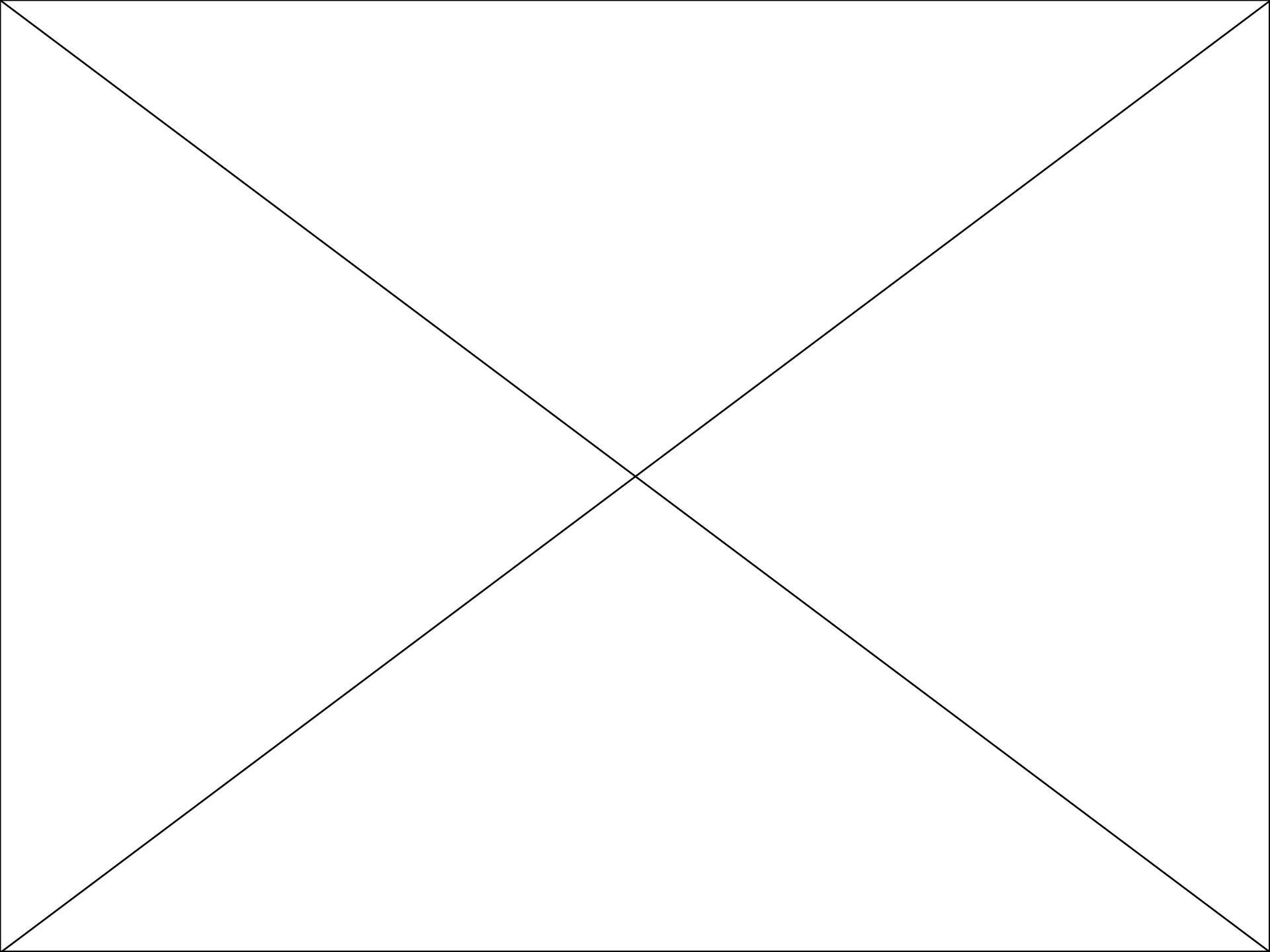
to change “what is”
into “what should be”

Advocate

- Evaluate assets, strengths, and needs of clients or consumers
- Identify barriers and facilitators to service use
- Identify available and accessible resources
- Raise awareness about mental health
- Be a “change agent”

Advocate

- Advocate for the unique needs of African American older adults that are not being addressed through mainstream mental health or public health systems of care.
- Understanding and highlighting older African Americans' experiences of racism, discrimination, colorism, racial segregation, residential segregation, ageism, migration, cultural and language differences, social stressors and trauma.



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Los Angeles Airport Marriott Hotel
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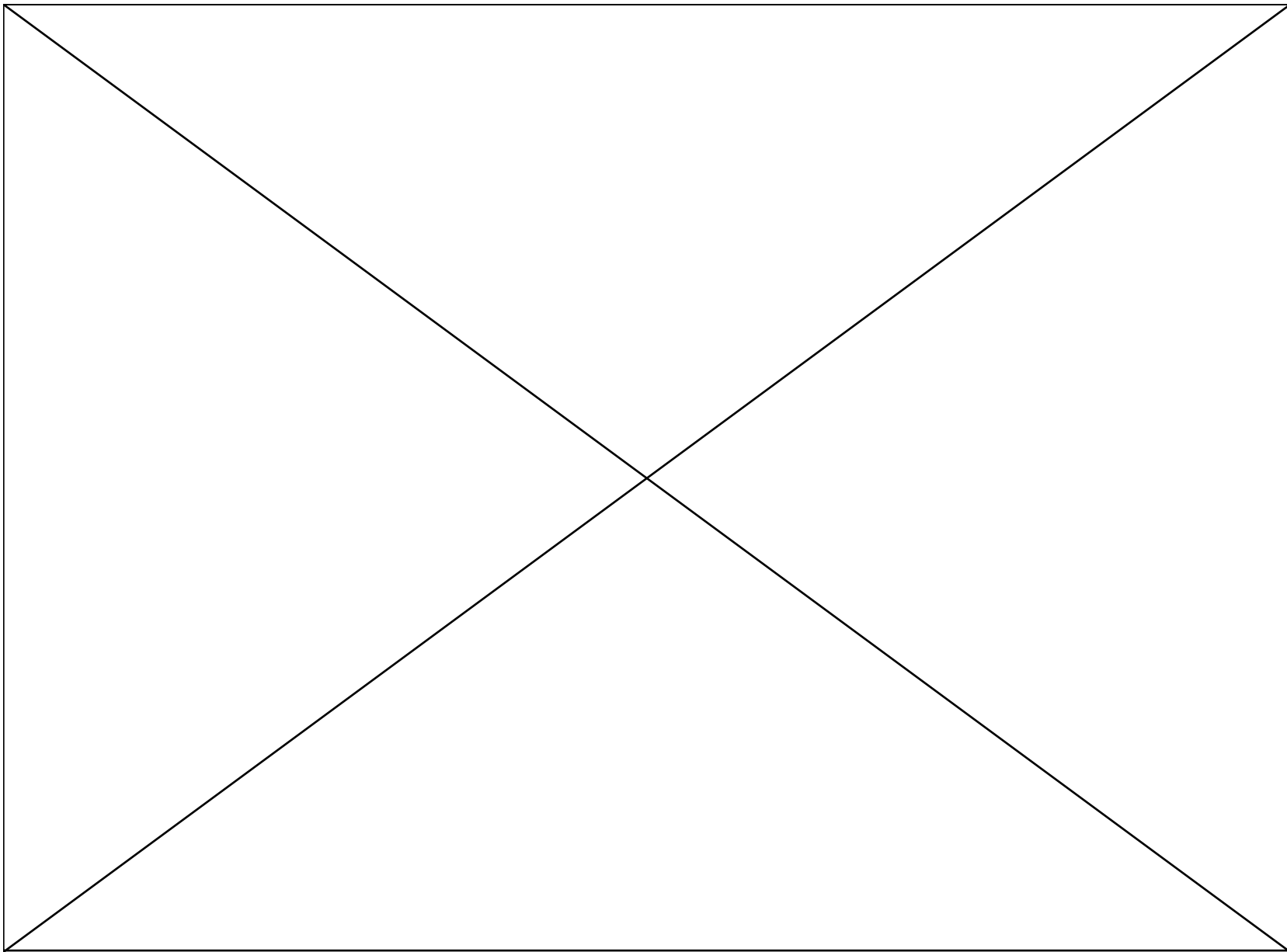
WELLNESS RECOVERY RESILIANCE



AAEE

Advocates for African American Elders

Putting Our Seniors First...



Understanding the Service Needs of African American Seniors in Los Angeles County:

**Findings from the
Advocates for African American Elders
Community Survey**



July, 2014



Advocates for African American Elders

Putting Our Seniors First...

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Purpose of the Community Survey

The purpose of the Advocates for African American Elders Community Survey was to find out about the service needs and quality of life of African American seniors in Los Angeles County. Results are being shared with seniors across LA County, policy makers, and those who make decisions about services for seniors. We asked 550 African American seniors (aged 50+) about their service needs, health, and many other things that affect their everyday lives. This brief report provides a summary of what we learned.

Demographic Profile

- Most African American seniors are not married (84.5%).
- About one-third (29.3%) have a college education.
- Over 5% are African, Caribbean or some other black ethnicity.

Living Arrangements & Finances

- Many seniors live alone (62.2%).
- Many (46.9%) don't make enough money to make ends meet each month.
- Some seniors (23%) don't have enough money for food each month.
- Half of seniors (52.1%) would like to know where to get help with food.

Healthcare Knowledge

- Most seniors (87.4%) have heard of the Affordable Care Act.
- Most seniors (81.5%) have never heard of the Coordinated Care Initiative, which is currently affecting how many seniors receive healthcare.

Physical & Mental Health

- Many seniors have "excellent" or "very good" physical health (31.1%). Those with "fair" or "poor" physical health (26.3%) are more likely to have low education and live alone.

- Many seniors (55.5%) have "excellent" or "very good" mental health. Those with "fair" or "poor" mental health (11.7%) are more likely to live alone.
- Most seniors (80.9%) are satisfied with their overall quality of life.
- Some seniors (32.9%) missed taking their medication for some reason.

Social Support

- Almost all seniors (97.6%) keep in touch with family and friends regularly.
- Many seniors (62%) belong to a social group like a church, fraternity, or sorority.
- One-third of seniors (32.9%) feel lonely "sometimes" or "often." Those who live alone are more likely to feel lonely.

Older Adult Services

- Some (42.5%) seniors don't know about senior programs in their neighborhood.
- About half of seniors (52.3%) participate in senior programs.
- Many seniors (35.2%) want services that are missing from their neighborhood.
- Some seniors (17.2%) think that there are barriers to using senior services.
- Most seniors feel good about the services that they receive (80%).
- Many seniors (90.9%) feel that more needs to be done to get quality services to African American seniors.

Computers

- Many seniors (44.6%) do not know how to use a computer, but some would like to learn. Seniors 75 years old and older and those with little education are less likely to know how to use a computer.

The full report is available on our website: www.aaaeonline.com. Please contact us if you would like to receive a paper copy of the full report.

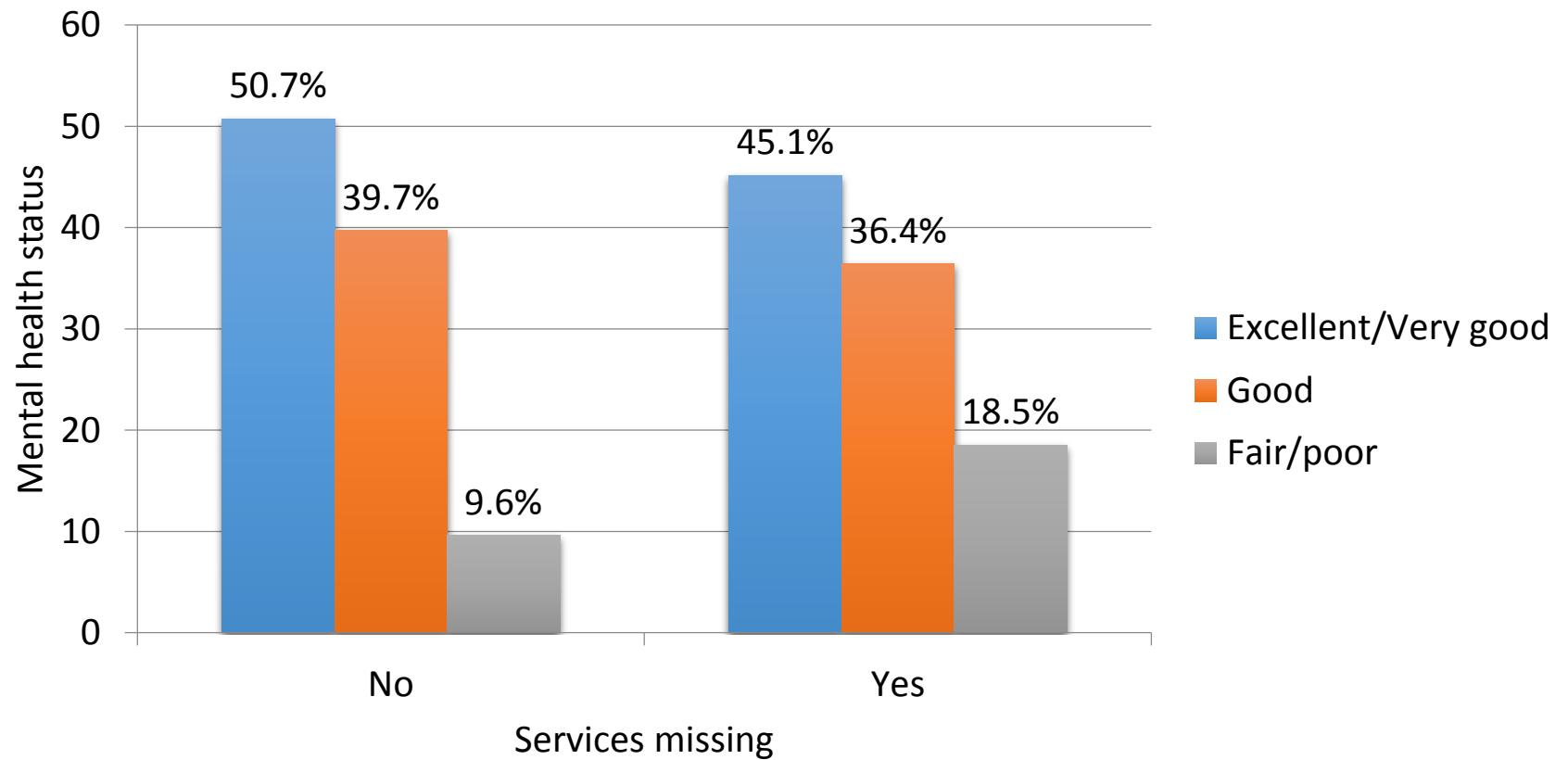
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*Advocates for African American
Elders: Brief Report*

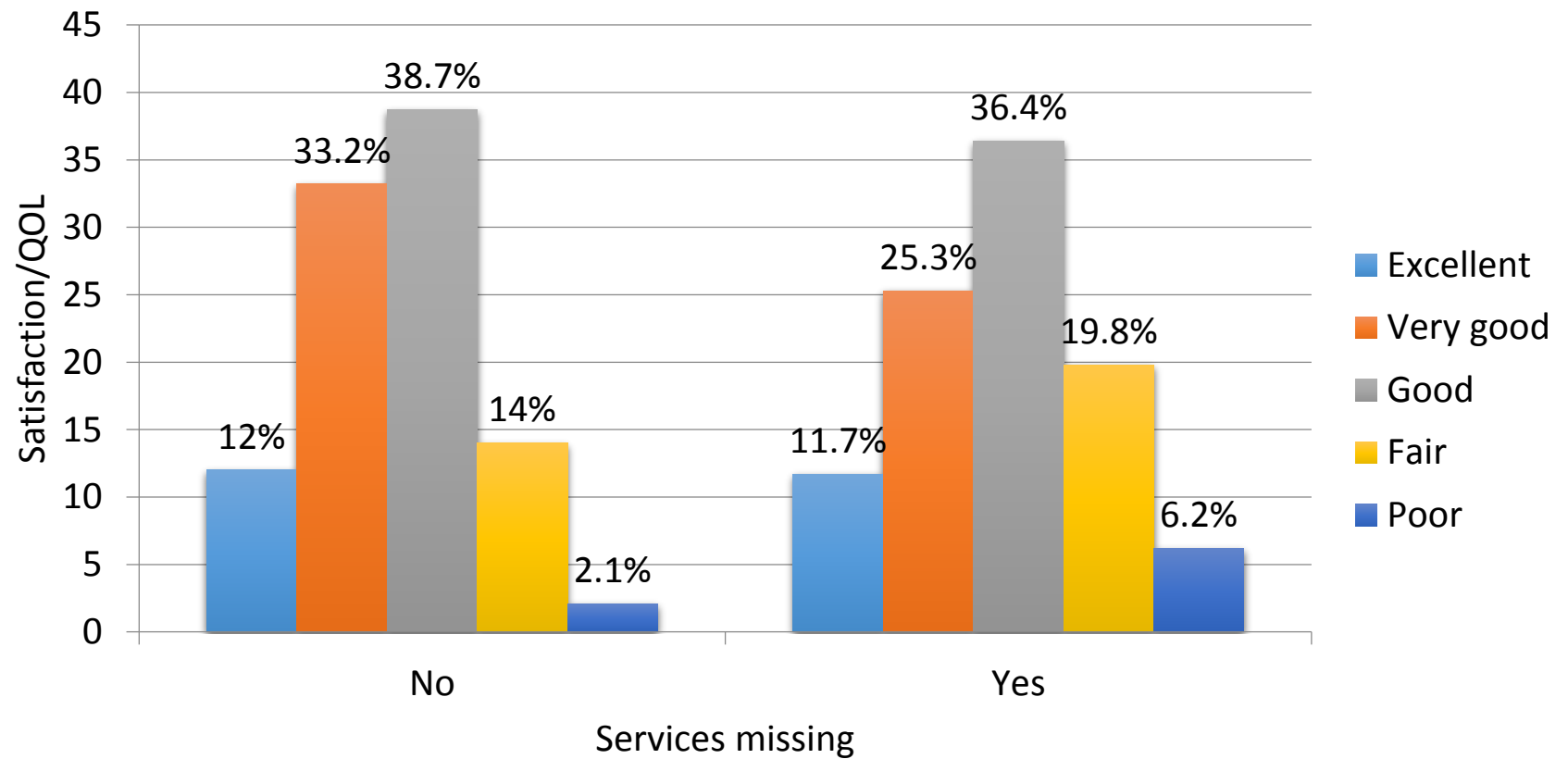
**New Research Highlights
the Benefits of
Community Programs
for Older African
Americans in Los
Angeles County**



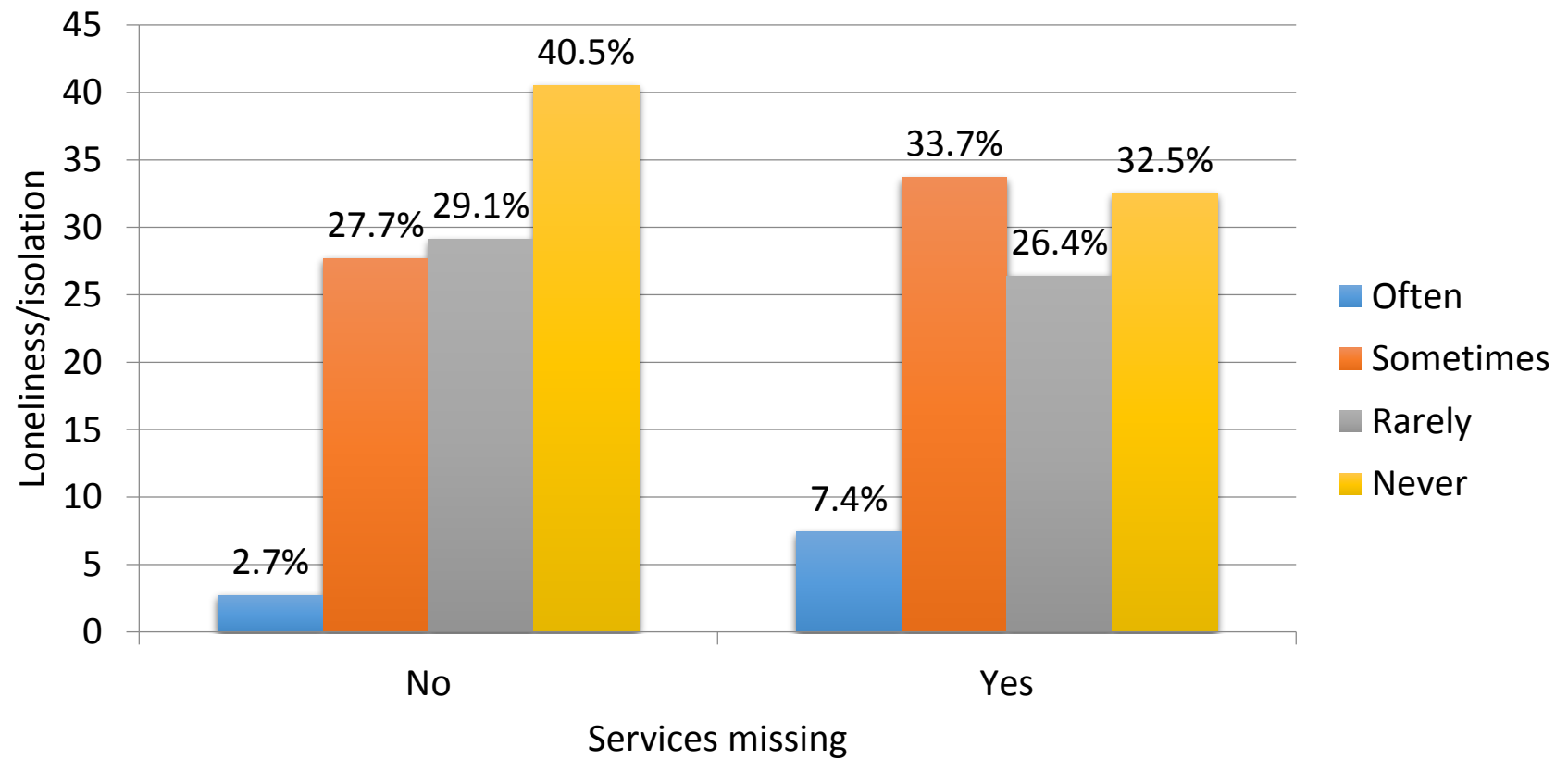
Mental health of those who report services are missing



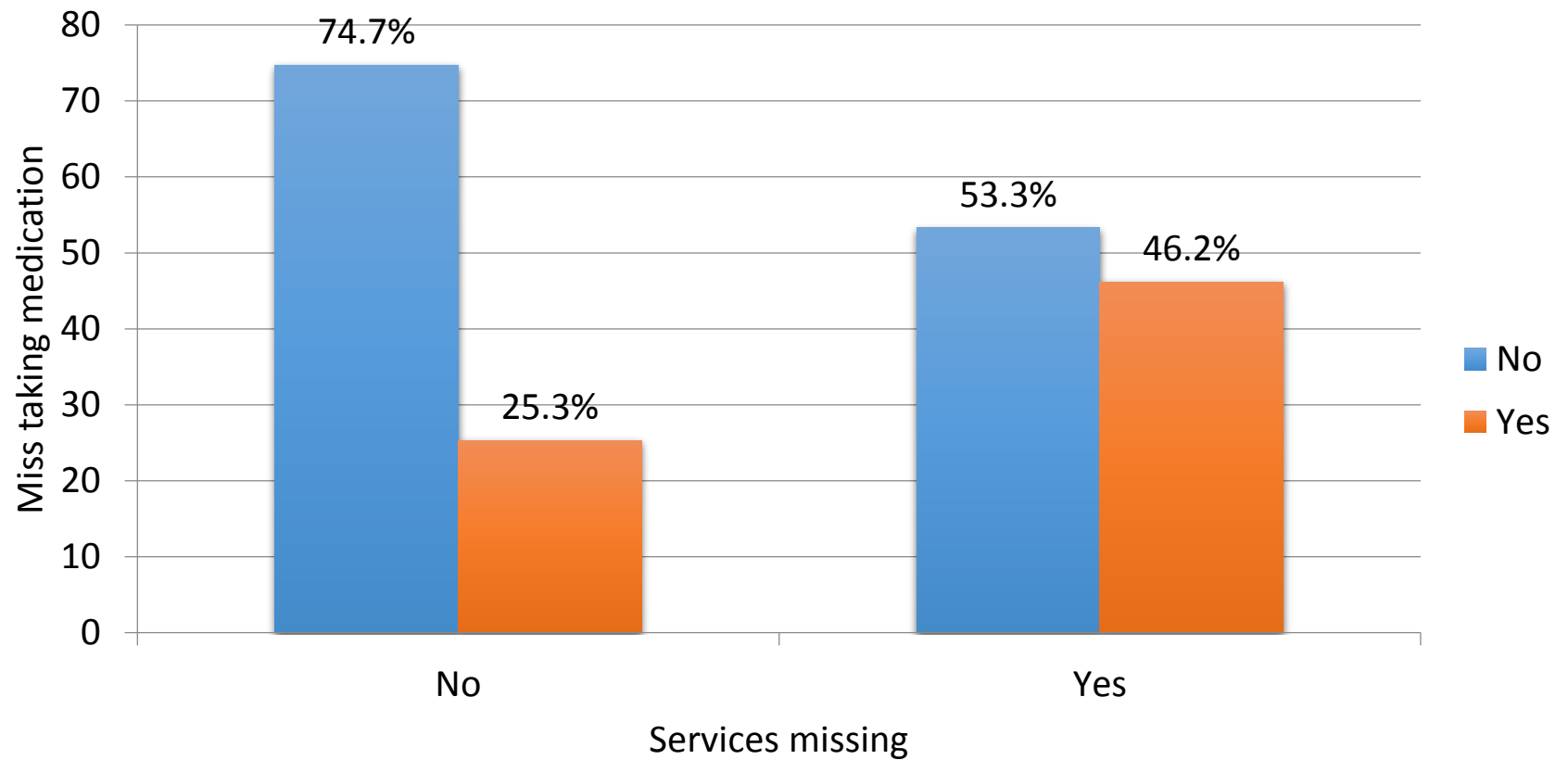
Satisfaction with quality of life for those who report services missing



Loneliness/isolation of those who report services missing



Miss taking medication for those who report services missing



Advocate on behalf of African American seniors to encourage policy makers and service providers to increase the quality and quantity of services and programs for seniors.

Oral and written testimony



A Shattered System: Reforming Long-Term Care in California.

Envisioning and Implementing an IDEAL Long-Term Care System in California

A Report by the Senate Select Committee on Aging and Long Term Care
Senator Carol Liu, Chair
Patty Berg, Principal Consultant



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THE WALL STREET JOURNAL
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January 23, 2015, 2:27 PM ET

The Economic Argument for More Aid to the Elderly Poor



KAREN LINCOLN: A rising tide lifts all boats. This idiom, typically referring to the economy, suggests that a good outcome will benefit all. There has been much debate about whether economic growth benefits the rich, middle class and poor, equally. But, what if the debate was framed differently? Can policies that benefit the poor also benefit those who are better off?

There are over 6 million seniors who live in poverty in the U.S., and those numbers will rise as boomers age, and the impact of the economic recession and rising health-care costs is realized. Saving for retirement was not an option for many seniors who earned low wages during their working years. Now many face economic insecurity and rely on Social Security as their sole source of income. Medicare pays for roughly 60% of seniors' health-care costs. So, out-of-pocket costs are cumulative.

Poor seniors are expensive. Costs are high for adult children who dip into their savings to help

1/26/2015 6:14 PM



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DEBATERS



Government Must Enforce Regulations

WILLIAM MELJUTT, LONG TERM CARE COALITION



Better Standards and Training for Home Aides

CAROL REED, PHH HOME CARE AGENCY



Minorities Are Forced Into Nursing Homes

KAREN D. LINCOLN, ELDERLY ADVOCATE



Profits Place Treatment Over Humane Care

JOHN M. TENE, BROWN UNIVERSITY



Families Can Plan Ahead to Improve Care

DAVID GIFFORD, AMERICAN HEALTH CARE ASSOCIATION



A Whole New System of Oversight Is Needed

JOANNE LYNN, ALTUM INSTITUTE

Minorities Are Forced Into Nursing Homes at Greater Rates



Karen D. Lincoln is an associate professor in the University of Southern California School of Social Work and the director of the university's Hardin Center of Excellence in Geriatric Social Work.

SEPTEMBER 25, 2014

Over 10 million Americans now require long-term care annually and Medicaid is the primary source of coverage. Medicaid [spending](#) on long-term care services has been rising sharply.

With [10,000 baby boomers](#) turning 65 every day, the United States is in a long-term care crisis.

Growing racial and ethnic diversity adds another level of complexity to this crisis. [By 2050](#), the number of African-Americans age 65 and older will more than triple, and the number of older Latinos will increase 11-fold. Consequently, the number of multiple, complex chronic conditions, rates of Alzheimer's disease and dementia, and social and health care needs will also increase.

[Between 1999 and 2008](#), the number of whites in nursing homes had decreased by 10 percent, while the number of African-Americans increased by 11 percent and the number of Latinos by 55 percent.

Rising rates of admission likely reflect the lack of long-term care options. Medicaid forces those without assets into nursing homes, while those with the ability to pay can opt to receive care at home. Low-income seniors are often enrolled in [lower-quality skilled nursing facilities](#), in part because of their reliance on Medicaid, which has much [lower reimbursement rates](#) than private or self-pay rates. In addition, low-quality nursing homes are [more likely to close](#) than higher-quality ones, leaving the poor to compete for health care and direct care services already in short supply, or rely on family caregivers who simply can't keep up with the demand.

Luckily, provisions under the Affordable Care Act might help increase access to preventative care. The direct benefit of prevention, high-quality and accessible services, and better continuity of care earlier in life could reduce costs and [prevent seniors from needing nursing home care](#), which unfortunately is the

Those without assets cannot get care at home. Low-income seniors are often enrolled in lower-quality nursing facilities.

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10:29 am ET
Mar 18, 2015

RETIREMENT

What My Father's Death Taught Me About Long-Term Care

ARTICLE

COMMENTS (8)

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The author is shown with her father. —Chris Daniels

KAREN LINCOLN: *It's not the load that breaks you down, it's the way you carry it.* This saying suggests that good decision making and careful planning can help you deal with some of life's challenges.

I'd like to think that I make good decisions and engage in careful planning. I consider my options, gather evidence, weigh the pros and cons, and make a decision followed by a plan. However, I didn't take this approach when planning for retirement until a few years ago.

My father was a hardworking man, employed in as many as three jobs at once to

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Mar 3 | **Sustainable Eating for Longevity & a Healthy Planet** with John Robbins

Mar 3 | **Planning for the Road Ahead** with Dr. Karen D. Lincoln

Mar 4 | **Legacies of the Heart: A Hallmark of Conscious Aging** with Margaret L. Newhouse

Mar 4 | **Why Consciousness Matters in the 3rd Phase of Life** with Kathleen Erickson Forder

Mar 4 | **The Spirit of Service** with Robert C. Atchley

Planning for the Road Ahead
Recorded on Mar 3, 2015

With **Dr. Karen D. Lincoln**: Associate Professor, USC School of Social Work; Director, USC Hartford Center of Excellence in Geriatric Social Work; Senior

We'll take an in-depth look at the changing demographics of aging; long-term care and older adult services for vulnerable elders.

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Dr. Karen Lincoln is associate professor in the School of Social Work, director of the USC Hartford Center of Excellence in Geriatric Social Work, senior scientist at the Roybal Institute on Aging, and founder and chair of advocates for African American Elders at the University of Southern California. She received her MSW, M.A. in Sociology and Ph.D. in Social Work and

Sociology from the University of Michigan, Ann Arbor. Dr. Lincoln has published over 50 articles on stress, aging and mental health. She has received more than \$2 million in funding to support her research. She also contributes to a blog where she fuses social commentary with her vast knowledge of health and mental health of African American communities; posing questions such as "Is Being Black Bad for Your Health?," disseminating information about how the Affordable Care Act will impact African Americans, and sharing her inspiration for a "Healthy Black America." Dr. Lincoln is a fellow of the Gerontological Society of America and a Hartford Faculty Scholar. She is owner and CEO of Karen D. Lincoln Consulting Services. In 2014, Dr. Lincoln was ranked third among the most influential African American social work scholars in the United States.

California Reducing Disparities Project (CRDP): African American Population

- **WE AIN'T CRAZY! Just Coping With a Crazy System:**
Pathways into the Black Population for Eliminating Mental Health Disparities
- Funds were made possible by the Mental Health Services Act, 2004.
- Contract period was from March 1, 2010 to February 29, 2012.
- 1195 (1156 Black) participants were included in the project.
- Age range: 17-82
- Average age: 50

California Reducing Disparities Project (CRDP): African American Population

- The following recommendations are summarized from 274 Prevention and Early Intervention (PEI) practices identified by participants.
- Recommendations are aimed at the individual, community and systems levels with the goal of bringing “needed change” and fostering “permanent healing and restoration of the Black population.”

California Reducing Disparities Project (CRDP): African American Population

- Crises Care (e.g., culturally focused short-term population-based crises care).
- Service Delivery Change (from an emphasis on diagnosis and prescriptions to screening, accurate assessment and identification of immediate needs).
- Establish a Black Care Paradigm (beginning with a mass population-based screening and trauma-based assessment for crisis level interventions conducted by trained African American providers).
- Establish Culturally Congruent Mobile Intervention Teams.

California Reducing Disparities Project (CRDP): African American Population

- Fund Neighborhood Health Efforts (funds directly to Black-led community-based organizations to continue providing meaningful programs, interventions and activities for long-term positive community wellness and growth).
- Fund Existing Culturally Congruent Integrated Programs.
- Fund Community Healers Support Network.
- Immediate Process of “Cultural Vetting” (examination and evaluation to determine the utility and effectiveness of programs and services ability and/or capability in working with people of African heritage).

California Reducing Disparities Project (CRDP): African American Population

- Establish a Continuum of Healthcare and Education Systems.
- Establish Culturally Congruent Mental Health Service Community Commissions.
- Fund Culturally Congruent Community Evaluation Programs.
- Establish Prisoner Re-entry “Places of Compassion” (to develop alternative sentencing and housing options (“*Places of Compassion*”) for the mentally ill entangled in the system and returning home under the *re-alignment program*” (California AB 109).
- Culturally Congruent Population-based Education.

California Reducing Disparities Project (CRDP): African American Population

- Statewide CRDP Implementation Workgroup.
- Stabilize the Black Family Unit.
- Establish a Network of Community Healers & Indigenous/Traditional Healers.
- Conduct Statewide Therapeutic Training Sessions on Racism.
- Ongoing and Directed Training for First Responders such as Faith Community (Clergy) and Law Enforcement (Officers).

Take home points

- Advocacy is an important component of cultural competency because it requires action based on a true understanding of the expressed needs, strengths, and rights of African American older adults.
- Studies with exclusively African American participants highlight the importance of culturally competent services and providers.